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SDNY PRO SE OFFICE

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

2021 FEB -8 AM 11:29

TALIV ALI

Write the full name of each plaintiff.

No. \_\_\_\_\_  
(To be filled out by Clerk's Office)

-against-

**COMPLAINT**  
(Prisoner)

THE STATE OF NEW YORK

PATRICIA A. WILLIAMS

SUSAN CALVELLO

RICHARD STOLL

Do you want a jury trial?  
☐ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

**I. LEGAL BASIS FOR CLAIM**

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: \_\_\_\_\_

**II. PLAINTIFF INFORMATION**

Each plaintiff must provide the following information. Attach additional pages if necessary.

<b>MINISTER</b>	<b>TALIV</b>	<b>ALI</b>
First Name	Middle Initial	Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

**94A8303**

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

**WENDE CORRECTIONAL FACILITY**

Current Place of Detention

**WENDE ROAD P.O. Box- 1187**

Institutional Address

**ALDEN**

**ALDEN N.Y.**

**14004**

County, City

State

Zip Code

**III. PRISONER STATUS**

Indicate below whether you are a prisoner or other confined person:

☐ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☒ Convicted and sentenced prisoner

☐ Other: \_\_\_\_\_

**IV. DEFENDANT INFORMATION**

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

**PATRICIA WILLIAMS**

First Name

Last Name

Shield #

**JUDGE**

Current Job Title (or other identifying information)

**111 Centre St. Supreme Court**

Current Work Address

**MANHATTAN****NEW YORK****10013**

County, City

State

Zip Code

Defendant 2:

**RICHARD STOLL**

First Name

Last Name

Shield #

**PROSECUTOR**

Current Job Title (or other identifying information)

Current Work Address

County, City

State

Zip Code

Defendant 3:

**SUSAN CALVELLO**

First Name

Last Name

Shield #

**COUNSEL 18-B**

Current Job Title (or other identifying information)

Current Work Address

County, City

State

Zip Code

Defendant 4:

First Name

Last Name

Shield #

Current Job Title (or other identifying information)

Current Work Address

County, City

State

Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: # SUPREME COURT OF 111 CENTER ST.

Date(s) of occurrence: OCTOBER 4th-6th of 1994

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

Petitioner had a case of Indictment # 3043/94  
of two counts of Armed Robbery, upon which Petitioner  
was deprived of his First Amend. to address the Court  
with his grievance under the Sixth & Fourteenth Amends.

Now all the transcripts are gone. As well as to the  
evidence that was read during recess of the Jurors

See due to the defendants to suppress a BIG  
BLACK GARBAGE BAG FULL OF EVIDENCE was  
suppress. Because none of the witnesses mentioned  
a garbage on a dolly. Petitioner was unable to take the STAND  
as well as to go Pro-Se. Because the police sprint call was  
never presented to me nor counsel.

The People had missed a witness that was a CO-  
Worker that was walking home with a Victim, Lisa Curtin  
So being apprehended at the scene a minute away from  
the crime with only one witness Lisa Curtin. There was  
no other witness, since the [Police] said that I was being  
chased by pedestrians, when they let the prep run right  
pass them, while they were suppose to be canvass the  
area for a identified perpetrator. Being apprehended

a minute away from the crime scene without [a] my possessions of the stolen properties from both victims. And then sign a confession with three names, with Taliv Ali. Somebody signed those three names because on the Finger print, I signed none until Central Booking. They, the Police Altered the prints without penmanship artist.

The Police found two other people to come to trial and give a testimony that I was chased, having an Alleged knife in view, they gave chase. Counsel said nothing.

#### INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

As to being incarcerated, I lost my mind. in Prison, been sodomized by the department of correctional services received a broken left wrist and ribs still out of place.

A broken nose. Preach poverty with no financial support from family members because I was sodomized by D.O.C.S. toward unlawful imprisonment of 17 yrs. S.H.U.

#### VI. RELIEF

State briefly what money damages or other relief you want the court to order.

Under 42 USCA § 1983 I wish to have a jury trial, in order to weigh <sup>what</sup> I am entitled to. And to obtain the transcripts of the Nisi Pius. To release me from Parole violation. Get Petitioner a house because this has happened since 1994. The State would not grant me, Petitioner a hearing nor the trial transcripts under 42 USCA § 1997(e). 5 USCA § 552 [b] for Freedom of Information. I am penniless.

**VII. PLAINTIFF'S CERTIFICATION AND WARNINGS**

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

<u>February 2nd of 2021</u>		<u>Taliv Ali Minister</u>
Dated		Plaintiff's Signature
<u>Minister</u>	<u>Taliv</u>	<u>Ali</u>
First Name	Middle Initial	Last Name
<u>Wende Corr. Fac. P.O. Box 1187</u>		
Prison Address		
<u>Alden</u>	<u>New York,</u>	<u>14004</u>
County, City	State	Zip Code

Date on which I am delivering this complaint to prison authorities for mailing:

2/2/21

**WENDE CORRECTIONAL FACILITY**

Wende Rd., P.O. Box 1187  
Alden, New York 14004-1187

NAME: Taliv Ali DIN: 94A8303

**B-9-7**

WENDE

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CORRECTIONAL FACILITY  
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SDNY**

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UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK  
500 PEARL STREET  
NEW YORK, N.Y. 10007

*Pro Se*

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